

Dakota's request for approval of RCRA program revisions to its authorized hazardous waste program is voluntary and imposes no Federal mandate within the meaning of the Act. Rather, by having its hazardous waste program revision approved, the State will gain the authority to implement the program within its jurisdiction, in lieu of EPA thereby eliminating duplicative State and Federal requirements. If a State chooses not to seek authorization for administration of a hazardous waste program under RCRA Subtitle C, RCRA regulation is left to EPA.

In any event, EPA has determined that this rule does not contain a Federal mandate that may result in expenditures \$100 million or more for State, local, and tribal governments in the aggregate, or the private sector in any one year. EPA does not anticipate that the approval of South Dakota's hazardous waste program revision referenced in today's notice will result in annual costs of \$100 million or more. EPA's approval of state programs generally may reduce, not increase, compliance costs for the private sector since the State, by virtue of the approval, may now administer the program in lieu of EPA and exercise primary enforcement. Hence, owners and operators of treatment, storage, or disposal facilities (TSDFs) generally no longer face dual Federal and State compliance requirements, thereby reducing overall compliance costs. Thus, today's rule is not subject to the requirements of sections 202 and 205 of the UMRA.

EPA has determined that this rule contains no regulatory requirements that might significantly or uniquely affect small governments. The Agency recognizes that small governments may own and/or operate TSDFs or that will become subject to the requirements of an approved State hazardous waste program revision. However, such small governments which own and/or operate TSDFs are already subject to the requirements in 40 CFR parts 264, 265, and 270 and are not subject to any additional significant or unique requirements by virtue of this program approval. Once EPA authorizes a State to administer its own hazardous waste program and any revisions to that program, these same small governments will be able to own and operate their TSDFs under the approved State program, in lieu of the Federal program.

Authority: This notice is issued under the authority of Sections 2002(a), 3006 and 7004(b) of the Solid Waste Disposal Act as amended 42 U.S.C. 6912(a), 6926, 6974(b).

Dated: June 25, 1996.
Jack W. McGraw,
Acting Regional Administrator
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 417

[OMC-009-FC]

RIN 0938-AG92

Medicare Program; Qualified Health Maintenance Organizations

CFR Correction

In title 42 of the Code of Federal Regulations, parts 400 to 429, revised as of October 1, 1995, on pages 587 through 599, §§ 417.912 through 417.919, 417.921 through 417.926, 417.932, 417.933, 417.935, and 417.936 were inadvertently published and should be removed.

BILLING CODE 1505-01-D

42 CFR Parts 431, 433, 440, 441, 447, and 456

[MB-099-F]

RIN 0938-AH31

Medicaid Program; Medicaid Eligibility Quality Control, Progressive Reductions in Federal Financial Participation for FYs 1982-1984, Payment for Physician Billing for Clinical Laboratory Services, and Utilization Control of Skilled Nursing Facility Services: Removal of Obsolete Requirements

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Final rule.

SUMMARY: This final rule removes several obsolete sections of the Medicaid regulations that specify rules and procedures for disallowing Federal financial participation for erroneous medical assistance payments due to eligibility and beneficiary liability errors as detected through the Medicaid eligibility quality control program for assessment periods from 1980 through June 1990. The Medicaid regulations that contain the rules and procedures for the progressive reductions in Federal financial participation in medical assistance expenditures made to the States for fiscal years 1982 through 1984 are removed to reflect the repeal of the

statutory bases for the reductions. The Medicaid regulations that provide for physician billing for clinical laboratory services that a physician bills or pays for but did not personally perform or supervise are removed to reflect the statutory repeal of this provision. In addition, the rule removes obsolete regulations that prescribe requirements concerning utilization control of Medicaid services furnished in skilled nursing facilities.

This rule is part of the Department's initiative to reinvent health care regulations and eliminate obsolete requirements.

EFFECTIVE DATE: These regulations are effective on August 23, 1996.

FOR FURTHER INFORMATION CONTACT:

Mary Linda Morgan (410) 786-2011, Medicaid Eligibility Quality Control and Reductions in FFP for FYs 1982-1984 Issues

Linda Peltz (410) 786-3399, Utilization Control of Skilled Nursing Facilities Issues

Robert Weaver (410) 786-5914, Laboratory Services Issues.

SUPPLEMENTARY INFORMATION:

I. Reinventing Regulations Effort

Last year, the Department began an initiative to assist in meeting the Administration's commitment to reinventing government regulations. As part of this effort, we began to examine the requirements contained in regulations issued by HCFA governing the Medicare and Medicaid programs to determine which requirements could be reduced or eliminated while assuring that we continually improve the quality of services to Medicaid and Medicare beneficiaries. This rule is a result of part of our efforts in this regard to eliminate obsolete and burdensome requirements.

II. Medicaid Eligibility Quality Control Program

Under the Medicaid program, States are required to operate a Medicaid eligibility quality control (MEQC) program. The program is designed to reduce erroneous expenditures in medical assistance payments by monitoring eligibility determinations. Under the MEQC program, States are required to select a sample of cases every month and review them for eligibility errors. HCFA annually calculates each States' error rate on the basis of State review findings. Federal financial participation (FFP) in State medical assistance expenditures is